

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

REG. NO. 097485329

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	(1)		/			
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TOTAL IND.	/		/			
TOTAL DEP.	9	↓	5	↓		↓
TOTAL CLAIMS	10	2000	6	2000		2000

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		2000		2000		2000